	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00821
	1. PLACE OF DEATH	100
	County Leeen Unne	Registration Dist. No. 252
	Village or City No Centrevelle	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		dean occurred in a norpital of institution, give its IVAIVIE instead of street and number) ds. How long in U.S. il of foreign birth?
	2. FULL NAME Susie anderson	
	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	Female Colored Widowed	(Month) (Day) (Year)
	5a. 11 married, wildowed, or divorced HUSBAND of Offword and Common (december 1) (or) WIFE of Offword and Common (december 2)	1 HEREBY CERTIFY, That I attended deceased from dec 30 1932 to Jan 1- 1933
	6. DATE OF BIRTH (month, day, and year)	I last saw h alive on Mec 31- 1932 death is said
-	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2 30 p.m.
	\$669 -8 17 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profassion, or particular kind of work done, as SPINNER,	Lot or Puruma 121
	SAWYER, BOOKKEEPER, etc.	\$30.5e
-	work was done, as SILK MILL, at home	
-	SAW MILL, BANK, atc	
_	year) occupation	Other Contributory Causes of importance:
	12. BIRTHPLACE (city or town) Sulla Cust (6. (State or country)	
		, , , , , , , , , , , , , , , , , , ,
	13. NAME Pere Beyan. 14. BIRTHPLACE (city or town)	Name of operation Oate of
	(Stata or country)	What test confirmed diagnosis? Was there an autopsy? 20
	15. MAIDEN NAME We not know	23. It death was due to external causes (VIOLENCE) fill in also the following:
	15. MAIOEN NAME Wo mat know 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
-	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Dophia Under soul	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Placa Corsica Mele Oata Jan. 3-,1933	Nature of injury
	19. UNDERTAKER Art. W. Eddins	24. Was disease or Injury In any way related to occupation of deceasad?
	(Address) Certification and	11 so, specify Jasley
	20. FILEO 1- 2- , 19 33 Proft. W. addens	(Signed) W. D. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

Gallstones

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

1 year

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance:

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

May 1.1923

FOR BINDING

MARGIN RESERVED

V. S. No. 1

County Jueur au			9
A	***************************************	Registration	Dist. No. 252
Village or City / Lagle	ur - Md	No	St.,Ware
Length of residence In city or town where	death occurredyrs,mos	f death occurred in a hospital or institution, give its NAMI ds. How long in U.S. if of foreign birth?	
2. FULL NAME Clarke	M. Harrett		
(a) Residence: No.	(Usual place of abode)	St., Ward.	give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH Jan	, 193.5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dessee	ah Bassett		(Day) (Year) Y. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	uly 10-1869	i last saw h alive on to have occurred on the date stated above, at	,19.3.3 ; death is sal
63 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause were as follows:	es of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Rober Prem	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at	Parmer		
10. Date deceased last worked at this occupation (month and year)	II. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:	
1 /14 1/1	Basutt	pany	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	na	Name of operation	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	U. Beweth	23. If death was due to external causes (VIOLENCE) fill Accident, suicide, or homicide?	In also the following: Date of injury
18. BURIAL, CREMATION, OS REMOVAL Place CELETRALIZADO	Date Jaw 12 , 1933	Manner of Injury	
19. UNDERTAKER Button / 8 (Address) Cutreous	ere, ma	24. Was disease or injury in any way related to occupa	tion of deceased?
20. FILED Jan 12, 1933 Ma	mis & Bright	(Signed) Cell	leaville me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

STATE OF MARYI AND—CERTIFICATE OF DEATH infor-OCCUPA. 1. PLACE OF DEATH plnods County Registration Dist. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. How long in U.S. if of foreign birth? ______yrs. _____mos. _____ds Every statement 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) **E** 5e. If married, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended decresed from (or) WIFE of C 6. DATE OF BIRTH (month, day, and yeer) certificate. properly 7. AGE Years If LESS than Months to have occurred on the date stated 1 dev.___ hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importence or min. were as follows: 8. Trade, profession, or particular kind of work done, es SPINNER. OCCUPATION pe Jo SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which work was done, as SILK MILL, should SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and that yoar) _____ occupation. instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, FATHER 13. NAME See Name of operation: 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis?_ ----- Was there an autopsy?__ MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: ii DEATH Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT OF (Address) 18. BURIAL Menner of injury CAUSE mation TION Nature of injury. 24. Was disease or injury in any related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed) (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

(Year)

Date of onset

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0	08	,2	4
9	51	5	

1. PLACE OF DEATH		
County 9 Q Q	Registration Dist. No. 250	
Village or City / Was Would asy	No. St., death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
	dean occurred the hopping of manufact, give his typing instead of sheet and number)	ds.
2. FULL NAME Bay Deckery		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresideal give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH. 2 9 1933. (Yes	ar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased	1 from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I lest saw h alive on	is said
Pull Down 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	fonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Gelf Arm	
this occupation (month and year)	Other Coatribatory Casses of Importance;	
12. BIRTHPLACE (city or town) Up Baudguf (State or country)	Other Coarboary Cases of Importance.	
13. NAME Folia & Lugler V 14. BIRTHPLACE (city or town) Wary End.		8
4. BIRTHPLACE (city or town) Wary fund.	Neme of operation	
	What test confirmed diagnosis?	
15. MAIDEN NAME Way Elemont Africans	Accident, suicide, or homicide?	
17. INFORMANT Willauf Despusit	(Specify city or towa, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Social Date of 1933	Manner of injury	
19. UNDERTAKER WE THE GOOD THE CANADA THE CA	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED, 19	(Signed) Alfred (Address) Fraguety In	M. D.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
of importance were as follows: Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by streel ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU Y. 6				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How jong in U. Soif of foreign birth? ______yrs. _____mos. S Langth of residence in city or town where death occurred statement 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RECE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year Sa. If marriad, widowed, or divorced BINDIN HUSBAND of 22. ERTIFY. Thet t ettended decaased from (or) WHE OF certificate. 6. DATE OF BIRTH (month, day, and yeer) Months If LESS than to have occurred on the date stated above, at. proper 7. AGE Years Days 1 day,hrs The PRINCIPAL CAUSE OF DEATH and raieted ceuses of importence or____min. Date of onset 8. Trade, profession, or parlicular OCCUPATION kind of work done, as SPINNER, RESERVED Jo SAWYER, BOOKKEEPER, atc ... back may 9. Industry or business in which plnods work was dona, as SILK MILL, SAW MILL, BANK, etc .. 10. Date dacaasad last worked at 11. Total time (years) this occupation (month and spent in this. occupation ... instructions Othar Contributory Causes of importance: 12. BtRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (Stata or country) Wes there en eulopsy? / A What test confirmed diagnosis?. carefully OTHER important. 15. MAIDEN NAME 23. if daeth was due to external Caliste Levice Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN plnous (Addrass) OF WRITE mation S LION CAUS 24. Wes disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address) if so, spacify (Signad) 20. FILED cours Registras (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	STATE OF	MARYLAND-CERTIFICATE OF	DEATH
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1. PLACE OF DEATH	45)
County Lucese and	Registration Dist. No. 2.52
Village or City Mr. Centrevelle	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Henry Harris	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	2 I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Unio Foe	July 12 prz 10 Jan 23 1933
6. DATE OF BIRTH (month, day, and year) apet. 10 - 1869	lest saw alive on 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated bove, atm.
63 9 / 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance mere as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Martina 1 million
work was done, as SILK MILL, SAW MILL, BANK, etc.	111111111111111111111111111111111111111
year) 14.34 occupation life the	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Juleau Come Co.	
(State or country) Maryland	
13. NAME WM Thomas Harris 14. BIRTHPLACE (city or town) Lucina anne Co.	
14. BIRTHPLACE (city or town) July Constant Cons	Name of operation Date of
# 15. MAIDEN NAME Matilda Baxt	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) - Inarundes Co	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?
16. BIRTHPLACE (city or town) Unarunded Co (State or country) Maryland	Where did injury occur?
17. INFORMANT Um J. Harling (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place entre Date Jun 26,1933	Nature of injury
19. UNDERTAKER Poly Edding	24. Was disease or injury in any way related to occupation of deceased?
(Address) Centrelville md	If so, specify and a more than
20. FILED 1-25-, 1933 Pot. W. addins	(Signed) M.D. M.D.
Registrar,	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1 week ago Chronic interstitial nephritis Run over by street car 1921 Peritonitis 3 days ago July 5,1927 Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	STAUE	LOW	PURLITIE	STATISMITM IS	131	THEOLOGIAM

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1082)
1. PLACE OF DEATH	J59)
County Luceu Come	Registration Dist. No. 252
Village or City m Centraville	No St Word
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U. S. il ol loreign birth?
2. FULL NAME Baby Hawkins	313IIIV31U31
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color OR DAVORCED (write the word)	21. DATE OF DEATH Month) (Pay) (Yeer)
5a. If married, widowad, or divorced HUSBAND of	(1661)
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decassed Irom Jan 18 ,1933, to Jan 19 33
6. DATE OF BIRTH (month, day, end year) 4 18-1933	I lest sew h. elive on John 1933; daeth is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at
1 day, -2 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Iollows:
8. Trede, profession, or particular kind of work done as SPINNER	Data ot onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Congenital weakness
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	I Premature buth
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and year) year) 11. Totel time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Beaucaille Ind. (State or country)	Othar Cantributary Causes of importance;
13. NAME I Hardand Harding	
14. BIRTHPLACE (city or town) Queen Comme Co	Nama ol operation
(State or country)	Nama of operation Data of What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME ada Dendy	23. Il deeth was due to external causes (VIOLENCE) filt in also the Iollowing:
15. MAIDEN NAME ala Dendy 16. BIRTHPLACE (city or town) 2 and C	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT Holland Hawkins (Address) Centresell med.	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Islammels Data Jan 19, 1933	Natura of injury
19. UNDERTAKER Bacton Brown (Address) Custometh mil	24. Was disaase or Injury In any way related to occupation of deceesed?
20, FILED Jase 19, 1933 TTanin & Bright	(Signed) Varilevilla Led M. D.
#	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	100		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING,

MARGIN RESERVED

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 00828
1. PLACE OF DEATH	159)
County Lucen anne	Registration Dist. No. 252
Village or City Brownsvelle (If	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Baby Hawken	CA
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan. 28
5e. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day,hrs.	I last saw h. A.Y. alive on Jan 21 , 1932; death is said to heve occurred on the date steted abova; at 3 P. m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8 Trade profession or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oeta deceesed last worked at this occupation (month and	Premature Borth & did unt
9. Industry or business in which	thomas inantion,
work was done, as SILK MILL, SAW MILL, BANK, etc	
O Deta deceesed last worked at this occupation (month and yaer)	
12. BIRTHPLACE (city or town) Queen assu Co (Stata or country)	Other Contributory Causes of Importance:
13. NAME Holland Hawking	
13. NAME Holland Hawkens 14. BIRTHPLACE (city or town) Lucen ann Co	Name of operation Oate of
(Stete of Country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIOEN NAME ada homby 16. BIRTHPLACE (city or town). Queen and Co	23. If death was due to externel causes (VIOLENCE) fill In also the following:
(Stata or country)	Accident, sulcide, or homicide?, 19,
17. INFORMANT Holland Hawkins	Where did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Hanne of Jalun.
Piece Brownsrelle Oate Jan. 29-1933	Menner of injury
19. UNDERTAKER Holland Hawking (Address) Centres Ole 19. 7. 60	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED (-28-, 1933 Port W. Calins Registrar.	(Signad)
Aegurar.	(Andiess)

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00829		
1. PLACE OF DEATH	940		
County Meen Cline	Registration Dist. No. 252		
Village or City Centrevière	NoSt. Ward		
(If Langth of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?		
2. FULL NAME Rubert M. Hapke	eis FN		
(a) Residence: No.	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX A. COLOR OF RACE Thate S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / / / / / / / / / / / / / / / / / / /		
5a. If marriad, widowed, or divorced HUSBAND of (or) WHES as	1 HEREBY CERTIFY, That attended deceased from		
0.0 41 1012	1937 to 1 7 1937		
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the deta stated above, at		
8 Trade profession or particular	ware as follows: Oate of onset		
8. Trade, profession, or perticular kind of work done, as SPINNER, Stack Dealer SAWYER, BOOKKEEPER, etc.	Myrears		
9. Industry or business in which work wes done, as SILK MILL, Mure Laut	-Aca.M		
kind of work done, as SPINNER, Stack SaWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, Murelaut SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and yaer) 11. Total fime (yeers) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance;		
13. NAME Kulert M. O Lapkins Se			
14. BIRTHPLACE (city or town) Slaware (State or country)	Name of operation Date of		
	What tast confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) filf in also the following: Accidant, suicida, or homicide?		
17. INFORMANT Mus R. M. D. Lapkeris (Address) Celtreacee md	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Centreville Dete Jow 18, 1933	Manner of Injury		
19. UNDERTAKER Barton Bras. (Address) Centreviere, Vad.	24. Wes disease or Injury in any way related to occupation of decasad?		
20. FILED Jan 18, 1933 Manin & Bright.	(Signad) M. D. (Address)		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.	3-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANEN properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 00830		
County Cuelly aug's	2 (3		
County	Registration Dist. No. 2 5,3		
Village or City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs,mos			
2. FULL NAME Baby Boy Hox	Tes .		
(a) Residence: No.	St. Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 31.		
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That i attended deceased from		
(or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from		
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1230 a.m.		
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:		
8. Trade, profession, or particular	Date of onset		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	01001		
industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	JACCOOM		
O 10. Date deceased last worked at 11. Total time (years)			
this occupation (month and year) spent In this occupation			
12. BIRTHPLACE (city or town) 6 histor, md	Other Contributory Couses of importance:		
(State or country)			
13. NAME. Leonard Holler 14. BIRTHPLACE (city or town) Slevensville			
14. BIRTHPLACE (city or town) Slevensvelle	Name of operation Dete of		
(State or country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Elsen to, Livingston 16. BIRTHPLACE (city or town). Chester.	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town) Cuestly,	Accident, suicide, or homicide? Date of injury, 19		
(State or county)	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANTU Leongard Horley	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) (fuster ma. 18. BURIAL, CREMATION, OR REMOVAL.			
Place Determentle Date Eb/ 1933	Menner of Injury		
2071	Nature of Injury		
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?		
0 = 5(,01= 20 2)	(Signed) Theody of the Weaver		
20. FILED Kall 5 1, 19 33 7. C. Showing Registrar.	(Address) MINIA MIA		
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

THIS IS A PERMANENT RECORD. Every item of infor-	ould be stated EXACTLY. PHYSICIANS should state	may be properly classified. Exact statement of OCCUPA-back of certificate.
RD. Every it	YSICIANS	statement o
NY RECO	LY. PH	I. Exact
ERMANE	EXACT	classifiede.
S IS A PI	stated 1	properly certificat
HIS	be	pe of
T	plno	may

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF BEATH	93-0
County Lucen Unne	Registration Dist. No. 252
Village or City Centrevelle	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cats Lagrey	
(a) Residence: No.	St., Ward.
(Unual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH San. 28 - 1933
Sa. If married, widowad, or divorced	(Month) (Oay) (Year)
HUSBAND of	22. I HEREBY CERTIFY, Thet I attanded deceased from
(or) WIFE of Lina Pernell,	Jan 28 ,1933, to Va 28 ,1933
6. DATE OF BIRTH (month, day, and year) Jan. 25-1878	I last saw h; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 4m.
0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importanca were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, Meat cutter SAWYER, BOOKKEEPER, etc.	Ite. was dead when I arrived late of onest at his home from heaton, obtained
9 Industry or business in which	I was a heart attack .
work was dona, as SILK MILL, Stake SAW MILL, BANK, atc.	mys cor ditio; chronic.
- I shairtii tiiis	Durating unknown. No physician in attend
yaar)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Sully Mary (State or country)	
E	Name of substitute
(Stata or country) Maryland	Name of operation Date of What tast confirmed diagnosis? Wes there an aulopsy?
15. MAIDEN NAME Want kenny	23. If death was due to external causas (VIOL ENCE) fill in also tha following:
15. MAIOEN NAME Want Kenfaul 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? 22 Date of injury 19 19
State or country)	Where did injury occur?
17. INFORMANT Lina Jacobs	(Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Centroville ma	
18. BURIAL, CREMATION, OR REMOVAL Place Centreville Date Jan 31, 1933	Mannar of injury
@ 11 711 G	Nature of injury
19. UNDERTAKER OF 15 C. C. A.	24. Was diseasa or injury in any way ralated to occupation of daceased?
21.24.0/	(Signed) Al Jenny Fraker M.D.
20. FILEO /- 30-, 19.33 MAT. W. Eddins Registrar.	(Address) Charleville md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

should state ECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN properly classified. CAUSE OF DEATH in plain terms, so that it may be properly c TION is very important. See instructions on back of certificate. PLAINLY, N. B.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	(083)
County June Cure	Registration Dist. No. 253
Village or City Cluster	No. St., W (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs	nosds How long in U.S. If of foreign birth?yrs,mos,
2. FULL NAME flue W for	us.
(a) Residence: No. (Usual place of shode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the bord)	21. DATE OF DEATH
If married, widowed, or divorced	(Month) (Day) (Year
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased
DATE OF BIRTH (month, day, and year) 9. 20 - 68	I last saw h walive on 1 - 20, 1933, death is
AGE Years Months Days If LESS than	to have occurred on the dato stated above, at
64 4 1 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	7 1 1 1 4
Industry or business in which	- Uribral Hambage 1/
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Dato deceased last worked et this occupation (month and year)	
Land - P	Other Coutributory Causes of importance:
BIRTHPLACE (city or town) (State or country)	
11 Maria	<u> </u>
13. NAME Joles for Wiffores	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME MAR JOSEPH JAME / Leglon	23. If death was due to externel causes (ViOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country) A Many law	Where did injury occur?
Clares Clones	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
INFORMANT (Address)	The state of t
BURIAL, CREMATION, OR REMOVAL Reguletery	Manner of injury
Place Guigaley Church Date Jan 23, 193	Nature of injury
UNDERTAKER Frank 6. Thomas	24. Was disease or injury in any way related to occupation of deceased?
(Address) Stevensville 711	If so, specity
FILED Jan 21, 1933 F. C. Showar	(Signed) (Address)
	21, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	Λ]	k.			k.	k	١	1	J	E	I		7		(Ē	5		5	,	2	5	Ĺ	1	ł	j)	E]			ľ	ì	7	Þ.	3	Ê	ł]		5	2	1	I	1	1	V	1		3	ŀ		1	١		3	ŀ		Γ		1	A	1	,	Γ	1		51	5	5	2	7	9						2	3	3	R	I	I		ĵ.	1)	Ŀ	I	J	Į.	ł	ì	H	ŀ	I]]	1	1	1	1	1	1]]]]]	I]]	I	ŀ	ŀ	ŀ	ŀ	ŀ	ŀ	ŀ	ŀ	ŀ	ŀ	I]]				*	7	7	7	7	7	7	7	7	7	7		*		
---	-------------	----	--	--	----	---	---	---	---	---	---	--	---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	--	---	---	---	----	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	--	---	---	--	---	---	--	---	--	---	---	---	---	---	---	--	----	---	---	---	---	---	--	--	--	--	--	---	---	---	---	---	---	--	----	----	---	---	---	----	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	---	---	---	---	---	---	---	---	---	---	---	--	---	--	--

stated EXACTLY. PHYSICIANS should state item of inforof OCCUPA-RECORD. Every Exact statement WITH UNFADING INK-THIS IS A PERMANEN properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY, N. B.-

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	//-
County Villen Clark-	Registration Dist. No. 🔏 🕄 🤻
Village or City entheralle	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a notytical or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Makey Kahn	
(a) Residence: No.	St Ward.
(Usual pface of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marked	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND-of	(1031)
(or) WIFE of Pradford Kalin	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	i last saw h = alive on T = 9 1933 ; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 370 Pm.
43 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or perticular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Robon Presuma
Andustry or business In which work was done, as SILK MILL, Prevate fromes	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation 2 5 4	
1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Jan.
13. NAME 10 mat to a seal	
I COLON	None of a self-control of the self-control of
4. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? \(\bar{\lambda}_{\overline{\lambda}} \)
I 15. MAIDEN NAME WO THE REALIST	23. If death was due to external causes (VIOLENCE) fill in also the following:
f6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, f9
O f6. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Bradford Kaken	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Centreville ma	***************************************
18. BURIAL, CREMATION, UR REMOVAL	Manner of injury
Place grasourelle, md Date 1-12-, 1933	Nature of injury
19. UNDERTAKER / T. U. Caddence (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1-11-, 1933 Rolf. W. Edding. Registrar.	(Signed) A a factorial M. D. (Address) Restressed tel
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation teturn must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial 'nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE County 1 Village or

2. FULL N (a) Resid **PERSO**

5a. If married, wid

6. DATE OF BIRTI 7. AGE

12. BIRTHPLACE (

17. INFORMANT (Addrass)

19. UNDERTAKER (Address)

SAW M 10. Date decer this occ

(State or country)

18. BURIAL, CREMATION, OR REMOVAL M.

3. SEX

OCCUPATION

MOTHER

TION is very important.

-WRITE

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00834
PLACE OF DEATH	~
County Guerr ann	93-0
	Registration Dist. No. 200
Village or City thumpton	No. St., Ward
	If death occurred in a horpital or iostitutioo, give its NAME instead of street and number) osds. How long in U.S. if of foraign birth?yrsmosds.
FULL NAME Gharles W Nichers	
(a) Residence: No. 6 Number on	St., Ward.
(Usua place of abode)	If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Year)
married, widowad, or divorced	22. / I HEREBY CERTIFY, That I attended decasasd from
ATE OF BIRTH (month, dey, and year) Emarch 28 1845	I lat saw ham alive on face, 27 1939 : daath is said
E Years Months Days If LESS then	to have occurred on the date stated above, at 4 20 pm.
(7) 10 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importence
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Wera as follows: One-Myracolles Date of onset 2 Jane
Industry or business in which work wes done, as SILK MILL, There will saw mill, BANK, etc	
O. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20 W	
(State or country) Green and Co Ma	Dihar Contributory Causes of Importance: Custose afs flaty Suddens
3. NAME Charles & nicheron	
(State or country) Rules Own Co Mg	Nama of operation Data of Data of What test confirmed diagnosis? Was there an autonsy?

(State or co FATHER 13. NAME 14. BIRTHPLA (State 15. MAIDEN NAME 23. If death was dua to external ceusas (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town)

Accident, suicide, or homicide?______ Date of injury______ 19_ Where did injury occur?

(Specify city or town, county and State)
Specify whather injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.

Manner of injury

Neture of injury 24. Was disease or Injury In any way ralated to occupation of deceased?

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples;

Example I		Example II	200
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage DELAU V. 8.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WALLE FLAIMLI, WILL UNFADING INK-I HIS IS A FERMANENT KECOKD. EVERY ITEM OF INTO	FERMANENT KECUKD, EVERY	nem or inro
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	HEXACTLY. PHYSICIANS	should star
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP!	rly classified. Exact statement	of OCCUPA
TION is very important. See instructions on back of certificate.	cate.	

STATE OF MARYLAND—CERTIFICATE OF DEATH 008:	101
1. PLACE OF DEATH	
County Church Registration Dist. No. 253	
Village or City Coluster No. St.,	_Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number Length of residence in city or lown where deeth occurred yrs	
2. FULL NAME Laura Varier	
(a) Residence: No. St., Ward.	
(Usual place of abode) If nonresident give city or town and State	-
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1 Live wid 100 1	Z
5a. If married, widowed, or dirorced HUSBAND of Corp. The Conference of Corp. WIFE of Corp. That I attended decease of Corp. WIFE of Corp. 1 HEREBY CERT NEY. That I attended decease of Corp. 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. The Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEY. That I attended decease of Corp. 1 1 HEREBY CERT NEW. 1	ed from
0 10/0	932.
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Pays If LESS than to heve occurred on the date stated above, at 2 mm.	h is said
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
I Or Min were so follows:	ofonset
kind of work done, as SPINNER, housewife. Chrome Tulerculous	À
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	•
SAW MILL, BANK, etc	
Other Costributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country) (State or country)	030
13. NAME Maragrat & Gold, of Chronica	1-7
13. NAME Macage Color Chromes 14. BIRTHPLACE (city or town) Dalebot Color Parents Date of Dat	
(State or country) What test confirmed diagnosis? Was there an au'ops	(?
15. MAIDEN NAME MONO CARE STATE OF THE CONTROL OF T	
f6. BIRTHPLACE (city or town) Date of injury	9
(State or country) Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT ALLAND Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) (Address)	
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Larre Ville made Date Jane 3.1., f9.3.3 Nature of injury	
fg. UNDERTAKER 24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED au 30, 1933 9. Co Shomas (Signed) World Authorite	M. D.
If more blanks are needed address State Projector and N. Charles State Politics P. S. N. Charles State P. S	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II

Example 1	il	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 00835
County Queen anne.	Registration Dist. No. 250
Village or City Sudlersville	No. St., Ward
(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)
C O Dec D.	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FOLE NAME	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note: 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agrice the word) Color or RACE The color or RACE Th	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Comma M. Price.	22. I HEREBY CERTIFY. That I attended deceased from WW 25 1932 to 1993
6. DATE OF BIRTH (nonth, dey, and Pear) . 1.856	Hast saw have alive on Losse 17 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.40 P.m.
76 F 26 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Relueid.	Cerebul Ausomlings
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 2. Let a come Cor.	Central almal Ichrosis
14. BIRTHPLACE (city or town) unburn.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emility Legy	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Critical Legy 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
San C San P. ' a	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mis. Emma M. Fuce (Address) Suddensule md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sudlessulle Md. Date Jun . 22, 1933	Neture of Injury
19. UNDERTAKER John a. John & Sun (Address) millington mel.	24. Was disease or injury in any way related to occupation of deceased? 20
20, FILED Lanes, 1933 Lane J. Frotto	(Signed) (2) A Uffeaffe M. P.
If more blanks are needed, address State Registrar.	(Address) Street Religious Provinting 7) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		L	1

ausiones		May 1,1925	Gustroenteruts	1 year
			an amamatanima was business	OT 4 37
	ADDITIONAL S	PACE FOR FURTH	ER STATEMENTS BY PHYSI	CIAN
		·····		

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item of infor-WITH UNFADING INK-THIS IS A PERMANEN properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

FOR BINDING,

MARGIN RESERVED

1. PLACE OF DEATH	F MARILAND	CERTIFICATE OF DEATH	01
	7	254	
County Luces C	une.	Registration Dist. No.	
Village or City No. Lane		No. St., f death occurred in a hospital or institution, give its NAME instead of street and number 7 ds. How long in U.S. if of foreign birth? yrs. mos.	
2. FULL NAME TUME (a) Residence: No. 212. Ale	(Usual place of abode)	St. Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH San 30 - 193' (Month) (Day)	3 Year)
5a. tf married, widowad, or divorcad HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, Thet I attended deceas	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	cell / 3-1913 Oays If LESS then	I last sew h alive on 19 , 19 , 19 ; deat to have occurred on the date stated above, et 10 m.	
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	17 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance yere as follows: Jun. shot wound check aper Date ngly add andre particle althorymy of Sub Elevinia arting aper go dung Clandle	ol onset
year) 1-30-33 12. BIRTHPLACE (city or town) Jule (State or country)	spent in this 4 yrs.	Other Contributory Causes of Importance: / Larunhage , vo sul clorain Gunfilyshus	
13. NAME 14. BIRTHPLACE(city or town) (Stata or country)	nd anne Ca.	Name of operation Date of Was there an eutopsy	
15. MAIOEN NAME Willow 16. BIRTHPLACE (city or town) (State or country)	mae griffin en annal Co	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Occupied Date of injury 190, 1 Whare did Injury occur? 2 M. Death Dunnalows	,33
17. INFORMANT Service (Addrass) Service 18. BURIAL, CREMATION, OR REMOVAL	Thyanes town P.J.W.	Specify whather Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Little of Green Och Whydrus Manner of Injury Men Jenn acadenlally directions	~ g.co
19. UNDERTAKER PIFF. US. (Address) Cent	Eddens	Neture of injury Safaring Wound of the Clien 24. Was disease or Injury In any way related to occupation of deceased? If so, specify Connection	0
20. FILEO Feb. 1 , 1933 Tele	m aldridge	(Signed) January of time Phypus (Addrass) Viegholano, Th	M.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

falacionia

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	d causes Date of onset			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
BURMAU V. S.						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY,

1. PLACE OF DEATH			92-20	00098
County	1		Registration Dis	st. No. 252
Village or City	0411		No. death occurred in a hospital or institution, give its NAME it	
Length of residence in city or town where de	eath occurred	yrsmos	ds. How long in U.S. If of foreign birth?	yrsd
2. FULL NAME Same	ו גנ	M		
(a) Residence: No.	(Usual place			re city or town and State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE	OF DEATH
3. SEX 4. COLOR OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month)	(Day) (Yeer)
ia. If merried, widowed, or divorced HUSBAND of			22 - 1 UED EDV GEDTIS	
(or) WIFE of	,		1 HEREBY CERTIFY.	Thet I attended deceased from
5. DATE OF BIRTH (month, day, end year)			I last saw h elive on	19.33; deeth is sai
AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at	m.
of Hurde		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	
8. Trede, profession, or particular	1	101	were as follows.	Date of onse
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	an	-	Valury Duner	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc			of the heart.	
10. Date deceased last worked at this occupation (month end year)	11. Total ti	me (years) It in this pation		
12. BIRTHPLACE (city or town)			Dther Contributory Causes of importance:	
(State or country)			Allera - Admon	
13. NAME	wow	-		
13. NAME 14. BIRTHPLACE (city or town)	ļ		Name of operation	Date of
(State of country)	17		What test confirmed diagnosis?	Was there en eutopsy?
15. MAIDEN NAME	Kur	~	23. If death wes due to externel causes (VIDLENCE) fill in	n also the following:
16. BIRTHPLACE (city or town)			Accident, sulcide, or homicide? Dat	te of injury, 19
(Stete or country)			Where did injury occur? (Specify city or to	wn, county and State)
7. INFDRMANT (Address)			Specify whether injury occurred in INDUSTRY, in HOME	, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	J. 114		Manner of injury	
Place	Date	, 19	Nature of injury	
A HADENTAVED			24. Was disease or injury in any way related to occupation	on of dominate has
9. UNDERTAKER		***********	if so, specify	on occessor(
O FILED			(Signed) STON The	M. I
0. FILED, 19		Registrar.	(Address) Cultures	- m.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritoniția	3 days ago
		REPORT ALMD	
Other contributory causes of importance:		Other configuration and an arrangement of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		EUREAU V. S.	

A.	SIAIE
infe sta UVP	1. PLACE OF DEATH
should f OCC	County
Every item of IANS should sment of OC	Village or City m M
NS NS	Length of residence in city or town who
Eve NA)	2. FULL NAME
RD. Every YSICIANS statement	(a) Residence: No.
= -	PERSONAL AND STATIS
RECO Y. PH Exact	3. SEX 4. COLOR OR RACE
2 2 2 3	En If married wildowed as discount
RMANEN X A C T L classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
EN EN	A DATE OF DIRECT
FOR BI IS A PE stated E properly ertificate.	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months
FOR IS A stated proper ertific	1 Tesp
IIS IS be stabe pro	8. Trade, profession, or particular kind of work-done, as SPINNER, SAWYER, BOOKREEPER, etc
	4 9. Industry or business In which
SERV NK—T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.
4 H 1 + 0	10. Date deceased last worked et this occupation (month and year)
Se DI	12. BIRTHPLACE (city or town)
IAKG UNFA upplied terms, e instru	
M. H. U. suj suj in t	13. NAME 14. BIRTHPLACE (city or town) (State or country)
WTTH willy su plain t. See	E 15. MAIDEN NAME
INLY, W. be careful EATH in I	
NLN NLN ATH npo	O 16. BIRTHPLACE (city or town)
E PLAINLY, WTP should be carefully OF DEATH in pla	17. INFORMANT (Address)
re P shore	18. BURIAL, CREMATION, OR REMOVAL
WRITE mation s	Piece Hope Ma
B.—WRITE] mation sh CAUSE 0 TION is v	19. UNDERTAKER (Address)
N. B. L.	20. FILED 1-12- 1933
· Z	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	3 00040 K
County	Registration Dist. No. 252
Village or City by Muluum	No. St., Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
C . L	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX M . 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Year) (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
C DATE OF DIRTH PORTA day and was 1-11- 2, 2	19 19 19
6. DATE OF BIRTH (month day, end year) / / / / / / / / / / / / / / / / / / /	I last saw h
1 day,hrs.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKREEPER, etc.	
4 9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributary Causes of importance:
(State of country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 115. MA	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
-1 (State At Contita)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piece August Dete Jan. 1933	Nature of Injury
19. UNDERTAKER STATES	24. Was disease or injury in any way related to occupation of deceased?
(Address) Centrale, RAN.	If so, specify
20. FILED 1-12-, 19-33 (Pott. W. Eddlus Registrar.	(Signed) All M.D. (Address) M.D.
16 11 1 11/11 0 -	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREAU	1.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should OF WRITE CAUSE mation LION

19. UNDERTAKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH	. (4 4
1. PLACE OF DEATH	- Ra	1841
County Chelly alive's	Registration Dist. No. 25	3
Village or City Ches as	NoSt	Ward
	death occurred in a hospital or institution, give its NAME instead of street and	number)
160000 000	ds. How long in U.S. if of foreign birth?yrsm	osds
2. FULL NAME TYVY (ayl		
(a) Residence: No. (Usual place of abode)	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male Col OR DIVORCED (write the word)	Jew. 22	1933
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of COLUMN TO A PLACE	22. I HEREBY CERTIFY That I attended	deceased from
/vacata of agent	10, 1932, to OKL. 10	19.3
6. DATE OF BIRTH (month, dey, end yeer)	I last saw h elive on 0111. 10 1932	; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.	
30 / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, Slevestres SAWYER, BOOKKEPER, etc.	0 15	100
SAWYER, BOOKKEEPER, etc	William of Carons	1931
9. Industry or business In which work was done, as SILK MILE, SAW MILL, BANK, etc.	Observed and letters to	1076
U 10. Date deceased last worked at 11, Total time (years)	apropriess a "aprial	1432
this occupation (month and 1432 spent in this voyar)	D	-
12. BIRTHPLACE (city or town) P. R. La. M.	Other Contributory Causes of importence:	2 das
(State or country)	would brilliam a	dem
13. NAME TOTAL OF COLOR	N. site	6
14. BIRTHPLACE (city or town) Westwalk	Name of operation Date of	-
(State or country)	What test confirmed diagnosis? Was there an a	autopsy?
16. BIRTHPLACE (city or town)	23. If death wes due to external ceuses (VIOLENCE) fill in also the following	
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19,
E (State or country)	Where did Injury occur?	
17. INFORMANT (MONY Souler	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
(Address) Closted WW.		
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Place Culsula Ma Date July 2 4,1933	Nature of Injury	
19. UNDERTAKER Frank 6. Chomas	24. Wes disease or Injury In any way related to occupation of deceased?	
(Address) Stevensville,	If so, specify	
20. FILED Jan 2319 33 7. C. Thomas	(Signed) Web up Grass Called	M. D
Lo Cal Registrar.	(Address) Albumall	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TO TAU V. 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run aver by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- 7	S.		
TOTAL .			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstanes	May 1,1923	Gastraenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, N. B.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH MISA	2
1. PLACE OF DEATH		0
County Quelle Cluve's	Registration Dist, No. 253	
Village or City Stevens ville	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Clara Will		
(a) Residence: No. (Usual place of abode)	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Allego On OR DIVORCED (write the frord)	Jan. 21	19.3
5a. If married, widowed and in the second	(Month) (Day)	(Year)
HUSBAND OF CONTROL WILLIAM CONTROL WILLIAM CONTROL WIFE OF CONTROL WILLIAM CON	22. I HEREBY CERTIFY. That I ettended of	deceased from
Julian Mines	Jan. 10 ,1933, to John 21	, 1933
6. DATE OF BIRTH (month, day, end yeer) WWWW		; deeth is seld
7. AGE Years Months Deys If LESS then 1 dey,	to heve occurred on the dete steted above, et. M	
62 " dey,hrs, ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, House Hife SAWYER, BOOKKEPER, etc.	4, 10	1
SAWYER, BOOKKEEPER, etc.	jufuelles	Juy.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et 11. Total time (years)	Branch Margranassia	4
10. Date deceased lest worked et fanc. 1980 11. Total time (years) this occupetion (month and fanc. 1980 spent in this	130000 at procession of the	Jul 3
this occupation (month and fam. 1783 spent in this occupation		
12. BIRTHPLACE (city or town)	Other Contributary Causes of importence:	~
(Stete or country)	chrouic whentend wealingto	574
13. NAME FOLIES WHITE MURNOU	M	4
13. NAME FORTING WIRNOW 14. BIRTHPLACE (city or town) MO	Name of operation Date of	
(State or country)	Whet test confirmed diegnosis? Was there en ex	utoney? ho
15. MAIDEN NAME Clara While	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Class While 16. BIRTHPLACE (city or town) Mighty Md	Accident, suicide, or homicide? Dete of injury	
(State or country)	Where did injury occur?	
17. INFORMANT James White	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Slevensville ma		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Plece Mar Klevensvalle Date Jan. 24, 1938	Nature of injury	
19. UNDERTAKER Mush le Ligg	24. Was diseese or injury in eny way related to occupation of deceased?	no
(Address) Slevenwille Mag	If so, specify theodor Satthluce	in
20. FILED Su 22'1933 7. C. Thorres	(Signed)	M. D.
Focal Registrat.	(Address) 8 Housing	*********
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